

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.B.	70200	10-27-99
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		71476	11/10/99 11/25/00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Date
1	Original
2	1/13/00
3	1/13/00
4	1/13/00
5	1/13/00
6	1/13/00
7	1/13/00
8	1/13/00
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10	1/13/00
11	1/13/00
12	1/13/00
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48	1/13/00
49	1/13/00
50	1/13/00

Claim	Date
51	Original
52	1/13/00
53	1/13/00
54	1/13/00
55	1/13/00
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97	1/13/00
98	1/13/00
99	1/13/00
100	1/13/00

Claim	Date
110	Original
112	1/13/00
113	1/13/00
114	1/13/00
115	1/13/00
116	1/13/00
117	1/13/00
118	1/13/00
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143	1/13/00
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145	1/13/00
146	1/13/00
147	1/13/00
148	1/13/00
149	1/13/00
150	1/13/00

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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